

**Economic Deprivation Survey For Federal Program Participation**  
(completed by Parent or Guardian of Nonpublic Student)

**SAMPLE**

**Instructions are on the next page.** This information will be kept confidential. It will be used to determine the amount of federal program services available to the nonpublic school. Please contact your nonpublic school if you need assistance.

**Section 1. Student Information:**

Number of children in household that attend this nonpublic school: \_\_\_\_\_

Current Grade level for each child: \_\_\_\_\_

**Section 2. Eligibility of Household:**

- ☐ Household is eligible. (Select one of the three following methods to determine household eligibility.)
- ☐ Household is receiving food stamps or AFDC for this student.
- ☐ Student is a foster child in the household.
- ☐ Household is eligible based on income (see instructions).
- ☐ Household is not eligible.

**Section 3: Signature: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of Federal Funds and will be kept confidential at the school.**

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

## INSTRUCTIONS

This SAMPLE form may be used to collect information that can be used to determine the amount of federal program services available to this school. It will be kept strictly confidential.

**Section 1: Student Information:** List the number of children in your household that attend this nonpublic school and the grade level of each child. This must be completed.

**Section 2: Household Eligibility Method:** Indicate which method determines household eligibility. Otherwise, indicate that the household is not eligible.

Use the following chart to determine if the household is eligible based on income. If the total amount of income of all household members (before taxes or anything else is taken out) exceeds the amount on this chart for your household size, the household is not eligible.

### MAXIMUM INCOME TO BE ELIGIBLE – JULY 1, 2014 TO JUNE 30, 2015

<u>Household Size</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$21,590	\$1,800	\$416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
For each additional member add	+7,511	+626	+145

**Section 3: Signature:** All applications must have the signature of an adult household member.